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## THE PRACTICAL WORKINGS OF THE NEW LAWS FOR THE STATE CARE OF THE INSANE.\*

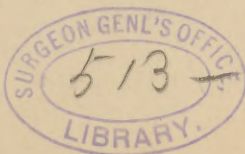
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THE fact that the Medical Society of the State of New York is in large measure entitled to credit for the original impulse and the early effort which resulted in two greatly advanced steps taken by the State in dealing with its dependent insane, first in 1836 and again in 1865, and also that it actively participated in the final movement which culminated in the passage in 1890 of the so-called State Care Act—steps which may not inaptly be termed epochs in the progressive development of this most important subject of the State's relations to those of its citizens, who, afflicted by insanity, are thereby reduced to dependence on the State's charity for their subsistence—would seem to be sufficient in itself to warrant the writer, who is the medical member of the only official body of the State charged with the administration of the laws relating to the insane and the general supervision and oversight of the hospitals, asylums, homes, and retreats, both public and private, established for the care and treatment of this unfortunate class, in presenting to the society an outline of

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what that administration has done and is doing, and of the general condition of the insane in the State at the present time as contrasted with the state of things which formerly prevailed in relation thereto.

Furthermore, in view of the great frequency and widespread prevalence of insanity throughout the civilized nations of the globe, as compared with other diseases, many of which are properly regarded as of very great importance, and respecting whose nature, symptoms, and treatment we, as physicians, are required to be well informed; and in view of the fact that insanity involves a wider range of interests and is more far-reaching in its effects—whether as regards the individual sufferer, his family, or the community at large—than any other disease to which mankind is liable, the subject of the care and treatment of the insane is obviously one of great public importance; while to the medical profession, whose members must encounter cases of mental disease with more or less frequency from the very outset of their professional practice, it has a peculiar interest. Then, too, our lawmakers, in recognition of the fact that insanity is a disease, or, in other words, a medical question, have conferred exceptional powers upon our profession in the matter of making certificates in lunacy, whose effect is to deprive persons of their liberty, the deprivation of this constitutional right being in most cases of insanity a necessary incident to the patient's proper treatment and safe keeping as well as essential to the public safety. Such being the case, it is eminently proper that the medical profession, to whom alone is delegated this extraordinary power—at least so far as the initial legal step is concerned—should insist that those who are deprived of their liberty by reason of the action of its members are properly housed, fed, and clothed, and supplied with competent supervision and medical care and treatment. In a word, it is the duty of the medical profession to insist that the insane shall be amply provided with everything which medical science has declared to be essential to the restoration of those who are recoverable and to the proper care and comfort of those who do not recover.

Our interest, both as physicians and as public-spirited

citizens, should especially be invoked in behalf of the dependent insane, in whose ranks are found representatives of all professions, trades, and occupations, and most of whom were self-supporting, respectable citizens before the onset of their disease, and who, though necessarily now maintained at public expense, are, with few exceptions, in no proper sense of the term, paupers—the term insane pauper being properly applied only to those who were paupers before they became insane. It should be borne in mind in connection with this subject that many self-supporting citizens are not possessed of any large amount of means over and above their immediate necessities, so that if the hard-working professional man, mechanic, farmer, teacher, or laborer falls a victim to insanity, he must necessarily, sooner or later, become a dependent upon the public bounty, even though he may have been a taxpayer before the onset of his disease.

In support of the claim here indicated respecting the importance of insanity as compared with other diseases, the writer would recall the trite facts that the symptom group which we denominate insanity is in every case but the outward expression, on the mental side, of existing disease or disturbance of the brain, the organ through which the operations of the mind are made manifest to us—the term mind being here used in a physiological sense, and implying the sum total of those brain functions which are known as thought, feeling, and will; that insanity is a disease which invades all classes and from which no one, be he rich or poor, high or low, can claim exemption; that it involves to its victim, to his immediate friends, and to the community a wider range of interests than any other disease. To the individual it involves a loss or perversion of that faculty which alone distinguishes man from the lower animals; it also involves usually the loss of the liberty guaranteed to every individual by the Constitution; it involves the loss of control of his property and affairs, a disturbance or destruction of his social and business relations, enforced separation from his family, and, if his disease happens to take an unhappy form, it involves great mental anguish and suffering, and possibly the loss of his life through self-destruction or exhaustion; or, if the case fail



of recovery, it involves a prolonged and often weary existence, which might properly be termed "a living death." To the individual's family it usually involves great anxiety and distress, occasioned by the sad spectacle of a loved one with reason dethroned, and the putting of this loved one away in the care of strangers; it involves the stigma which society unfortunately and unjustly attaches to the taint of insanity, and which is usually regarded by the relatives of the sufferer as something akin to shame and distress. It frequently involves a cutting off of the source of income, especially if the afflicted one be the breadwinner of the family; also the added expense of commitment to and maintenance in a hospital for the insane; and finally, it involves exposure of the lives and property of the family to danger from violent and destructive tendencies of the patient. To the community it involves great danger to life and property from the acts of homicidal and dangerous lunatics; also a large loss to the body politic by the withdrawal from the ranks of wage-earners of the earning capacity of many thousands of individuals—substantially all of the insane being adults and for the most part in the active stage of life; and last, though by no means least, it devolves upon the community an enormous burden of taxation incident to providing for and maintaining hospitals and asylums for the custody and care of a vast army of insane people, there being to-day in the public and private hospitals and asylums, homes and retreats in the State of New York alone upward of eighteen thousand insane persons held under certificates of lunacy, not to mention the large number of unapprehended, unrecognized, and so-called "border-land" cases, which are liable at any time to call for medical attention and advice.

The number of committed insane in the State of New York on the first day of January, 1894, was: In State hospitals, exclusive of the Hospital for Insane Criminals, 8,901; in the so-called exempted county system, embracing the asylums of New York city and Kings County, 8,423; and in licensed private asylums, homes, and retreats, 830—making a total of 18,154. Of this number, 8,500 were men and 9,654 women. The aggregate cost of lands, buildings, equipment, and furniture devoted to their

uses on October 1, 1893, was, in round numbers: For the State hospitals, \$11,000,000; for the asylums of New York and Kings Counties, \$4,600,000; and for the licensed private institutions, \$1,110,000—making a total cost for this purpose of \$16,710,000. The cost of maintenance of the insane for the fiscal year ending September 30, 1893, was, in round numbers: State hospitals, \$1,837,000; asylums of New York and Kings Counties, \$1,254,000; licensed private asylums, \$480,000—making a total annual cost for maintenance, in round numbers, of \$3,376,000. The institutions in the State, not including the Hospital for insane Criminals, are: State hospitals, 8; county asylums of New York and Kings, 6; licensed private institutions, 17; or 31 in all.

The foregoing statement of facts and figures is here presented merely for the purpose of calling attention by way of introduction to the magnitude and importance of the disease under consideration, and as suggestive of the wide range of interests it involves, whether viewed from a professional, sociological, or economical standpoint.

The first attempt on the part of the State of New York to provide State care for the insane was made nearly sixty years ago, when, in 1836, the Legislature, in response to a memorial from this society, praying for the establishment of a suitable State asylum for the insane, created the State Lunatic Asylum at Utica, now the Utica State Hospital. Prior to that time the insane poor, both acute and chronic, were mostly cared for in county or town poorhouses, there being substantially no other provision for them. Provision was made in the original charter of the Utica Asylum whereby patients who failed to recover after a certain period of time or who should be pronounced incurable, might be removed to the county poorhouse, upon the superintendent's certificate that the patient was "incurable" or "not likely to be benefited by further treatment, and could probably be made comfortable in the poorhouse." This was a most inhumane and barbarous provision, and one that was continued in operation under certain modifications, though with practically the same results, until the creation of the State Commission in Lunacy in 1889, and the subsequent passage of the State Care Act in 1890; so that while the establishment of the State Lunatic Asylum

in Utica in 1836 \* was a practical recognition on the part of the State of the principle of State care, its beneficence extended only to State care for *the acute or recent insane*, while at the same time it countenanced, or at least tolerated, a system of county or poorhouse care in its worst form by permitting the superintendent of the asylum, in his discretion, to transfer to county houses under the guise of incurability the friendless, the violent and destructive, the filthy and infirm, and the feeble and helpless—the very classes which of all others most need the fostering care and protection of the State. This pernicious system continued for a period of nearly thirty years, during which time the poorhouses became filled to overflowing with mentally afflicted human beings, who were restricted to the merest pretense of custodial care and maintained in a spirit of parsimony whose chief apparent ambition was to see on how small a pittance body and soul could be kept together. The keeper of one county poorhouse publicly proclaimed in 1889 that he maintained the insane of his county at a cost of ninety cents a head per week, including food, clothing, bedding, warmth, lights, and medical attendance.

Subsequently, in 1865, again through the active agency of this society, which, through its secretary, the late Sylvester D. Willard, investigated and reported upon the condition of the insane in the various poorhouses of the State, the Legislature passed the "Willard Asylum Act," which provided for the establishment of a State asylum for the chronic insane. This act, which has been aptly characterized as the "second era of the lunacy legislation of the State—that of *State care of the chronic insane*," contemplated the removal of all the chronic insane from the county houses to the Willard Asylum, and aimed to prohibit the counties, except New York, Kings, and Monroe, from thereafter caring for their chronic insane. So that, with the establishment of the Utica Asylum for the acute insane and the Willard Asylum for the chronic insane, the State had, theoretically at least, adopted the policy of caring for all its dependent insane. But through delay in establishing and extending the Willard institution, and despite the subsequent opening of the Hudson River

\* Opened for the reception of patients in 1843.



State Hospital and the Homœopathic Hospital in 1871, the Buffalo Asylum in 1880, and the Binghamton Asylum for the chronic insane in 1881, the supply of accommodations for the State's insane was still inadequate to the demand. This lack of accommodations in the State asylums was made the basis of an appeal to the Legislature by county authorities and others to permit the counties to again care for their chronic insane. In response to this appeal the Legislature granted exemption to several counties by special act, and also in 1871 authorized the State Board of Charities, in its discretion, to grant licenses to counties to care for their chronic insane under certain conditions, and to exempt such counties from the Willard Act, and also to revoke said licenses in case of failure to comply with the terms and conditions imposed. Under the provisions of this scheme for a return to the wretched county system, the State Board of Charities, a majority of whose members were adherents and advocates of separate provision for the chronic insane in either State or county asylums, granted licenses to nineteen counties, in which were established so-called county asylums, located for the most part on the grounds of and adjacent to the poorhouses and under the same management, being, as a matter of fact, in most cases merely an integral part of the poorhouse, under the control of a lay keeper, and conducted on a similar basis as regards the standard of care.

One of the evils of this system, aside from the wretched surroundings and care to which it consigned the dependent insane, was that it pauperized substantially all who failed of recovery after a year's residence in a State asylum, and even those who were transferred from the "acute asylums" to the Willard and Binghamton Asylums as incurable were made unhappy by the lower standard of care and treatment which they received at the latter institutions, as well as by the implied fact that hope of recovery in their cases had been abandoned. Furthermore, it was found to be the practice of many of these exempted counties to receive into their so-called asylums acute cases directly from their homes, which was a clear violation of law. And yet, strange as it may now appear, the licenses granted to these counties by the State Board of Charities were permitted to stand in

the face of the evils here referred to ; and, moreover, and still more strange, the board which granted them indirectly encouraged and commended this system in some of its official reports.

The State Charities Aid Association, a voluntary organization, in its report on the insane for 1893, says: "Meanwhile, the humane thought of the day being thus earnestly engaged in trying to solve the difficult problem of how to obtain for the indigent insane the best treatment that an advanced civilization could give them, the pernicious legislation of 1871, already referred to, was slowly but surely sapping the vitality of the reform movement of 1865 in behalf of the chronic insane. County after county applied for and obtained exemption from the Willard Act. By October 1, 1887, nineteen counties had thus been authorized to keep their milder cases of insanity. It is true these exemptions were granted by the State Board of Charities under promise from the counties 'to give their insane just as good care as the State gave'—promises, alas! never kept. No longer, as of old, were the chronic insane to go from poorhouse to State hospital, but from State hospital to poorhouse. Gradually, year by year, and so slowly that we scarcely realized it, the poorhouse officials were tightening their grasp upon these poor people, until suddenly we were confronted by the alarming fact that the supervisors of one third of the counties were arrayed in favor of the poorhouse system."

This was the condition of affairs when, in 1889, the State Commission in Lunacy was created, to which body was transferred, among other things, the power hitherto possessed by the State Board of Charities in the matter of granting exemptions from the Willard Act. It is needless to say that the Commission in Lunacy promptly declined to grant any further exemptions to counties; and how the commission, after having made a tour of the county asylums of the State, exposed and denounced what it there discovered in its first annual report to the Legislature in 1889, is a matter of recent history in relation to the insane which is too well known to all who are interested in the welfare of this class to call for more than passing notice here.

The State Charities Aid Association, which for years



had strenuously opposed the county care system, and had unsuccessfully striven for two successive years to induce the Legislature to pass its bill for State care of the insane, in the report above referred to says: "As one reads the first annual report of the Commission in Lunacy, written in 1890, glowing with indignation as it recounts the sufferings of these poor people, one is surprised to find how little progress had been made in all those years. The system of poorhouse care has proved itself radically defective. Thank God! this horrible system is now a thing of the past." And again in the same report: "Heretofore the State Commissioner in Lunacy had almost no power beyond that of inspection and report. He had neither office nor clerical assistance, and could accomplish but little. When, therefore, the Legislature of 1889 created a State Commission in Lunacy of three members, with greatly enlarged powers and duties, a much-needed reform had been effected. . . . The thorough inspection made by this commission of the asylums of the entire State, and their outspoken denunciation of the dreadful condition of the insane in the exempted county asylums, as submitted in their first report to the Legislature, may justly be regarded as the deathblow to the poorhouse system."

Following this first report of the Lunacy Commission to the Legislature, the State Charities Aid Association, under the able leadership of that stanch friend of the dependent insane, Miss Louisa Lee Schuyler, again brought forward its bill for State care, and this time succeeded in passing it, in spite of "organized, vigorous, and determined opposition emanating from supervisors and superintendents of the poor of exempted counties."

The essential features of the State Care Act may be briefly summarized as follows: The abolition of the unscientific and inhumane *legal* distinction between acute and chronic insanity; the division of the State by counties into hospital districts, and compelling the hospitals to receive and care for all the dependent insane, both acute and chronic, within their respective districts; requiring the Commission in Lunacy to cause the removal of the insane poor from the county houses to State hospitals as fast as accommodations could be provided therefor; providing for the erection of

comparatively inexpensive buildings of sufficient capacity on the grounds of existing State hospitals, the cost of erection, equipment, and furnishing of said buildings not to exceed the sum of \$550 per capita, upon plans to be approved by the State Commission in Lunacy; requiring all county superintendents of the poor, or town, county, or city authorities, before sending a patient to any asylum, to see that he is in a state of bodily cleanliness and is comfortably clad, in accordance with regulations to be prescribed by the president of the commission; requiring that, in the case of transfer of a female patient, she shall be accompanied by a female attendant, unless she be transferred by her husband, father, brother, or son, and that, after said patient or patients have been delivered to the managers or trustees of the State hospitals, the care and custody of the county authorities over said insane persons shall cease, the expense of such transfer to be paid by the State; after sufficient accommodations shall have been provided in State institutions for all the pauper and indigent insane of all the counties of the State, the expense of such care, maintenance, treatment, and clothing of indigent insane patients in State hospitals to be no longer a charge upon any county, after the 1st of October next ensuing, but the cost of the same shall be paid out of the funds provided by the State for the support of the insane; that, after the board created by the State Care Act for the purpose of districting the State shall have certified to the Secretary of State that sufficient accommodations have been provided in State institutions for the indigent insane, no insane person shall be permitted to remain under county care, and that all insane who are now or may hereafter become a public charge shall be transferred to a State hospital, without unnecessary delay, there to be regarded and known as the wards of the State and to be wholly supported by the State; requiring the State Commission in Lunacy, whenever it shall deem it necessary and expedient, by reason of overcrowding, or in order to prevent the same, to recommend in its annual report to the Legislature the erection of such additional buildings on the grounds of any or all State hospitals then existing as shall in the judgment of the commission provide sufficient accommodations for the immediate and prospective wants of

the insane of the State, or, if said commission shall deem it more expedient, it shall recommend the establishment of another State hospital or hospitals in such part of the State as, in its judgment, will best meet the requirements of the dependent insane; requiring the State Commission in Lunacy to hereafter furnish the Comptroller, on or before the 15th of September in each year, an estimate as to the probable number of persons who will become inmates of the respective State hospitals during the year beginning on the 1st of October next ensuing, and the cost of the necessary buildings and equipment, if any, which will be required to carry out the provisions of this act; requiring the managers or trustees of each of the said hospitals, on or before the 15th of September in each year, to furnish to the Comptroller an estimate of the cost of maintaining the probable number of patients who will be inmates of the respective hospitals during the year beginning on the 1st of October next ensuing; on the basis of these estimates the Comptroller to report, in his next annual report to the Legislature, his estimate of the amount to be provided for by the State for the support of such insane patients, and for the erection and equipment of such buildings as may be recommended.

The counties of New York, Kings, and Monroe are exempted from the operations of the State Care Act, but provision is made that whenever these counties, or any one of them, shall desire to be included under the provisions of the act, application may be made in writing to the Governor by the local authorities to transfer their asylums to the State upon such terms and conditions as may be specified in their application, the Governor to transmit the application to the Board for the Establishment of State Insane Asylum Districts created by the act, whereupon said board shall examine into the condition of the buildings, lands, and appurtenances sought to be transferred with reference to their value, and to ascertain whether such property is suitable for the purpose of a State hospital for the insane, and, if so, whether the terms and conditions proposed are just and proper, and to report its findings and conclusions to the Governor, whereupon the Governor shall transmit to the Legislature the report of said board with such recommendations, if any, as he may



deem proper for the conversion of such county asylum into a State hospital for the insane.\*

The act, moreover, revoked all exemptions heretofore granted to counties to care for their insane and prohibits the granting of further exemptions; it also provides that no insane person now or hereafter under the care of any State hospital shall be returned to or committed to the care of any superintendent of the poor of any county or to any other town, county, or city authorities, and the said superintendents of the poor are forbidden to receive any such patient who may be returned or committed to them in violation of the act.

By the adoption of the State Care Act, as outlined above, the State not only emphatically reaffirmed its policy of State care, which began in 1836, and which was extended in 1865, but unequivocally committed itself to the extreme and logical limit of the principle, in fact as well as in theory, that the dependent insane are the wards of the State and that the interests and maintenance of the insane should be confided exclusively to the State; while the terms of the act render it easily workable and susceptible of unlimited extension to meet the increasing demands which may from time to time be made upon it.

Following the passage of the State Care Act, and supplemental thereto, the Legislature appropriated \$454,850 for the erection of additional buildings upon the grounds of the existing State hospitals, which, together with the partial completion of the St. Lawrence State Hospital, at Ogdensburg, were sufficient to provide accommodations for all of the insane then in the custody of the counties as well as for recent cases.

The erection of these buildings was rapidly accomplished within the per capita cost, \$550, fixed by the act, and in 1893 the board was able to certify that sufficient accommodations within the purview of the statute had been provided, whereupon the Legislature, upon estimates furnished by the commission, passed an act known as Chapter 214 of the Laws of 1893, for the care, medical treatment, clothing, support, and transportation to State hospitals of the

\* Under this provision the Monroe County Asylum was converted into the Rochester State Hospital in 1891.

insane poor. This act provided for the levying of a tax of a third of a mill upon the taxable property of the State for the support of the State hospitals, the sum realized from this tax amounting, in round numbers, to \$1,350,000, which, together with the estimated receipts of the State hospitals for the support of private patients and from other sources, brought the sum up to, in round numbers, \$1,650,000. This act, which went into effect on October 1, 1893, provides for the submission to the Commission in Lunacy by the hospitals of itemized monthly estimates for their current expenses, these estimates to be revised by the commission as to quantity, quality, and price of supplies and wages, and subsequently to be certified to the Comptroller for payment of the amount of the estimates, as revised, to the respective treasurers of the State hospitals.

Having thus imperfectly outlined substantially all the legislation had for the insane, including the creation of the Commission in Lunacy in 1889—which in reality was the initial step in the final effort for the establishment of State care for the dependent insane—down to and including Chapter 214 of the Laws of 1893, which carried this humane and beneficent measure into full operation, it becomes pertinent to inquire as to what have thus far been the practical results of this legislation. In other words, what improvements, if any, have been made in the methods governing the commitment and general and medical care and treatment of the insane, and in the condition and management of the hospitals and asylums established and maintained for the benefit of this unfortunate class; also what, if any, advantages are derived to the taxpayers of the State as a result of the new method of supporting the dependent insane?

Among the more important improvements and reforms which have been established and carried into successful practice under the new laws may be mentioned the following:

1. The adoption, July 1, 1890, of a new and improved form of medical certificate in lunacy, designed, on the one hand, to facilitate the commitment of insane persons to institutions, and, on the other, to surround the liberty of the individual with better safeguards against carelessness and

wrongful intent than had theretofore existed, while at the same time permitting of efficiency and celerity of operation, and also insuring a much greater amount of information for the medical officers of the hospitals than was possible under the method which it supplanted. In order to secure uniformity, all blank commitments are now furnished by the commission, the blanks being printed on stereotyped plates, which are the property of the State. These printed blanks are used for copies as well as originals, and may be obtained free of cost on application to county clerks, superintendents of hospitals, asylums, homes, or retreats, and superintendents of the poor. Certified copies of all commitments are required to be filed in the office of the commission within ten days after the patient's admission to the hospital, where they are carefully scrutinized with reference to correctness of form, sufficiency as to facts indicating insanity, and also as to the qualifications of the certifying physicians. This enables the commission to detect and promptly correct any irregularity, whether intentional or otherwise, in the commitment of the insane. As showing the extent to which error has been eliminated by the adoption of this form, it may be stated that the commission has now to reject by reason of defect as to form, insufficiency of facts, or lack of legal qualifications of examining physicians, less than a half of one per cent. of all the medical certificates received.

2. A registration in the office of the commission of all qualified medical examiners in lunacy in the State, whereby the commission is enabled to at once determine on receipt of a lunacy certificate if the examiners signing the same are legally qualified to perform these services.

3. A complete registration in the office of the commission of all persons held in custody as insane, whether in public or private institutions, with minute data as to the name, age, sex, nativity, occupation, civil condition, date of commitment, names of the signers of the medical certificate and of the judge approving the certificate, date of admission, whether brought from home or an institution, by whom brought, and the insane person's physical condition. The records also show the date of discharge of each patient, and whether recovered, improved, or unimproved, and to whose



care discharged; if transferred, for what cause and to what institution, and, if dead, the date and cause of death—thus enabling the commission to determine accurately at all times the number, condition, and increase of the insane in the State and to furnish for proper use this and other valuable information which it was impossible to obtain before the establishment of this bureau of registration.

4. The adoption for all the hospitals and asylums, public and private, of a uniform system of statistical returns, thus enabling any one who may desire to do so to make intelligent comparisons as to the results in the various institutions in the State.

5. The establishment of a uniform system of medical records, including case books, prescription records, records of admissions and discharges, daily reports, etc., and the requirement that entries showing the condition and progress of each case shall be made in the case-book records at least once in each month during the first year and at least once in every three months thereafter.

6. The establishment of a uniform system of receipts and expenditures in all the State hospitals, thus providing for intelligent comparison as to the expenses of these institutions. Formerly each hospital had its own system of records and accounts, each being different from that of any other hospital.

7. A provision for the transfer of patients from one institution to another, on the order of the commission, whenever, for any sufficient reason, it may be deemed desirable to do so.

8. A regulation providing for the admission of private patients to State hospitals from any part of the State without restriction as to district, at a maximum rate not to exceed ten dollars per week, at the same time protecting the rights of public patients and of such as can pay only small sums per week, by requiring that no private patient in any State hospital shall be permitted to occupy more than one room for his or her personal use, or to command, except for medical reasons, the exclusive services of an attendant, and that there shall be no distinction between public and private patients as regards the scale of care and accommodations furnished them.

9. An effort, which has been fairly successful, to induce or compel the friends or relatives of patients who are able and legally liable therefor to reimburse the State for the support of such patients. It was found that a large number of persons who were able and liable had heretofore evaded this obligation.

10. The adoption of regulations governing the transfer of patients from their homes or from poorhouses to State hospitals, requiring that such patients before being sent to the asylum shall be in a state of bodily cleanliness and suitably and comfortably clad.

11. Providing that the hospitals shall send a trained attendant to bring patients thereto, and that in all cases of female patients there shall be provided a female attendant. This system insures a greater degree of comfort and decency in the removal of patients to the hospitals, and it has thus far shown a very marked reduction in the cost of such transfer as compared with the old system of transfer by county superintendents of the poor.

12. Provision for the paroling of patients who are not regarded as homicidal, suicidal, or otherwise dangerous for a period of not more than thirty days, during any portion of which they may be returned to the hospital without new process of commitment, or they may be permanently discharged, thus affording patients whose condition is such as to warrant it an opportunity to visit their homes or to go out on trial before final discharge.

13. A regulation requiring that all patients on admission to a hospital or asylum for the insane, whether public or private, shall be immediately informed of the nature of the institution and the fact that they are detained there under legal commitment. The adoption of this regulation was suggested by the fact that patients frequently complained to the commissioners that they had been decoyed into the institution and only accidentally discovered that they were detained in a lunatic asylum. Several instances were found where the fact of commitment and detention had apparently been deliberately concealed from the patient until it was made known to him by the visiting commissioners. The deception of insane persons in this manner is deprecated by all who have had experience in dealing with this class, it

being recognized as an important element in the treatment of the insane that no deception should be practiced.

14. A division of the State into hospital districts with reference to the number of insane in each district and the extent of accommodations in the hospital located therein. This provision of the State Care Act is sufficiently elastic to admit of a change in the limits of any district whenever it shall be deemed necessary to more conveniently care for the insane in the various hospitals, or to better accommodate the convenience of any particular locality.

15. A change in the legal title of the State institutions from "asylums" to "hospitals," and a reorganization of those State institutions \* which were formerly asylums for the chronic pauper insane upon a hospital basis, thus establishing the hospital idea for all.

16. A provision for the admission of public patients to a State hospital beyond the limits of the district in which they reside whenever, for any sufficient reason, they or their friends may so desire. This is especially designed to provide for such patients as may desire treatment in a homœopathic hospital, or in case of patients residing in the homœopathic hospital district who may desire other than homœopathic treatment.

17. An order for the regulation of the correspondence of the insane, providing that each patient be permitted to write to some relative or friend once in two weeks and oftener if necessary, in the discretion of the medical superintendent, and, if patients themselves are unable for any cause to write, the medical superintendent must delegate some proper person to write for them at suitable intervals if they so desire; all letters to be forwarded at once to destination unless they are profane, obscene, or too illegible or incoherent to be understood, and the postage must be furnished by the institution if the relatives or friends are unable to provide the same. All letters detained because of obscenity, profanity, or for any other reason must be forwarded at once to the office of the commission with the reasons for detention indorsed thereon. All letters addressed to the Governor, attorney general, judges

\* Willard and Binghamton.



of courts of record, district attorneys, or to the State Commissioners in Lunacy must be forwarded at once without examination. This order is designed to afford patients who regard themselves as illegally detained or improperly treated an opportunity to communicate with their friends or with any official in the State who would have jurisdiction in a lunacy case.

18. The investigation by the commission of hundreds of complaints of illegal detention or abuse on the part of patients, every patient who requests it, or whose friends may request it, being granted a hearing apart from any officer of the hospital, if the patient so desires.

19. The adoption of an order requiring the superintendent or physician in charge of each institution for the care and treatment of the insane not to permit the service of any legal process whatever upon an insane patient, except upon the order of a judge of a court of record, which order shall show that the judge had knowledge of the fact that the person upon whom the process is sought to be served was at the date of the order an inmate of such institution; that no insane person be permitted to sign any bill, check, draft, or other evidence of indebtedness, or to execute any deed or mortgage, or other legal conveyance, except upon the order of a judge of a court of record which shows that the judge had notice of the fact that the person whose signature is sought to be obtained was at the date of the order an inmate of an institution for the insane; also that the substance of the order and the proceedings had thereunder must be entered in the history of the patient in the asylum case book, and a copy of the same forwarded to the committee of the person and property of the patient, if there be one, or, if there be no committee, then to the nearest known relative or next friend of the patient. This order is designed to protect the interests of the insane against designing persons, and especially to prohibit the wrongful service of papers on lunatics in divorce proceedings.

20. A regulation for the admission of voluntary patients to such of the private institutions for the insane as are conducted on the so-called "family plan." For legal reasons, which are regarded as sufficient, the admission of

voluntary patients to public hospitals or to incorporated private hospitals is not permissible.

21. The adoption of an order revoking the licenses of all private asylums conducted by laymen, and restricting the licensing of private asylums, homes, and retreats to reputable physicians of experience in the care and treatment of the insane.

22. The adoption of a regulation requiring all hospitals and asylums for the insane, both public and private, to provide a liberal amount of fire protection, the extent and variety of such means of fire protection being determined by the commission according to the location, extent, and arrangement of the institution.

23. The substitution, in all cases, of wire beds, hair mattresses, and woolen blankets for straw beds and cotton quilts, which were formerly more or less in use in many of the institutions.

24. An order prohibiting the purchase of adulterated food supplies of any kind for use in State hospitals; also for the purchase, wherever necessary, of a generally better quality of staple articles of food supply; also a better grade of clothing, and better quality and increased amount of furniture, in the way of carpets, rugs, easy-chairs, pictures, etc.; a large increase in the amount of reading matter supplied to patients, and a marked extension of the facilities for amusements and diversion and for the industrial occupation of patients; also for an increased ratio of attendants to patients, the establishment of attendants' homes at several of the hospitals, and a better rate of compensation to attendants; also the introduction of women attendants in the men's convalescent wards and in the ward dining-rooms for men; the introduction of spray baths, especially for the bathing of filthy patients; the abolition of airing courts or inclosed exercise yards, thus affording patients a larger degree of freedom than heretofore; the complete abolition of all mechanical restraint in the management of the insane, except in one or two hospitals where there is still a tendency to cling to old methods which are now nearly everywhere regarded as obsolete; the establishment of an efficient system of night service of attendants in all the public hospitals for the insane; the

general adoption in the hospitals, both public and private, of a uniform dress for attendants' wear; the establishment of infirmary or hospital wards, under the charge of a hospital attendant skilled in nursing the sick, for patients who are sufficiently ill to require treatment in bed.

25. The removal of patients to other States and countries, in cases where it can be determined that the patient is a non-resident of the State. By this means the number of public patients supported by the State has been materially lessened.

26. A successful effort to induce the authorities of New York city to set apart specific appropriations for the benefit of the insane in the institutions under the Department of Charities and Corrections, and to prohibit the use of these moneys for any other purpose. This has resulted in a general improvement of the standard of care of the insane in the city institutions, and especially in the matter of bedding and in the quality of the food supplies, beef being now supplied in carcass in place of "chucks and necks" as formerly. A better quality of flour has also been secured to the inmates of these institutions.

27. The adoption of an order by the commission providing for the appointment of a general medical superintendent for the Kings County lunatic asylums, who shall have power to make rules and regulations for the government of the asylums, appoint and discharge all employees, regulate the dietary, make ordinary repairs, etc. This order was appealed from by the local board, but the higher courts sustained it, and its effect has been to remove the immediate management of the Kings County asylums from partisan influences which have hitherto been so detrimental to these institutions, and to generally improve the standard of care afforded to their inmates.

28. The publication of an official directory of all the hospitals and asylums, licensed private asylums, homes, and retreats for the insane in the State, showing the location and capacity of each institution, how reached, and the name of the superintendent or physician in charge; also, in the case of private institutions, the minimum rate per week charged for maintenance.

29. Provision for the clinical teaching of insanity in



hospitals for the insane by the admission to the wards thereof of students of medical colleges situated in their vicinity, as well as of practicing physicians, who may desire the opportunity of clinically studying mental diseases, under such restrictions as the medical superintendent may deem wise and proper, thus enabling, as far as practicable, physicians engaged in general practice, and upon whom the first care of nearly all cases of insanity necessarily devolves, an opportunity to acquire a practical knowledge of this disease, if they so desire.

30. Provision for the appointment from among recent graduates in medicine of two medical internes in each State hospital, in addition to the regular medical staff, thus providing for a training school for medical officers in these institutions, from which the regular medical staff may be recruited.

31. The abolition of the spoils system in the selection of medical officers of State hospitals through the adoption by the State Civil Service Commission, upon the recommendation of the Commission in Lunacy, of a regulation requiring appointments of all medical officers in State hospitals to be made only after competitive civil-service examination, and raising the standard of requirements for eligibility to such examinations. This has already resulted in the merited promotion of a number of experienced assistant physicians who otherwise would not have obtained promotion save through favoritism.

32. A material increase in the proportion of medical officers to patients in both public and private institutions.

33. The enactment and fulfillment of a law requiring the appointment of a woman physician on the staff of each State hospital, at a fixed salary of twelve hundred dollars per annum.

In connection with this subject it may be stated that the commission has in contemplation the appointment at an early day of a special pathologist, with a completely equipped laboratory, for the prosecution of investigations in neuro-anatomy and neuro-physiology and in the study of brain pathology. It is designed to make this department practically a school for the teaching of brain pathology to

physicians who may desire to avail themselves of it, and especially to such of the physicians on the staffs of the respective State hospitals as possess an aptitude and desire for such work.

Respecting what has been done in the direction of improvement of the hospitals themselves and for the promotion of the welfare and comfort of their inmates, as a result of the adoption of the policy of State care, a perusal of the annual reports of the State hospitals will show that the condition of these institutions as regards organization, equipment, sanitary condition, fire protection, clothing and furniture, food supplies, discipline, nursing, means of diversion and occupation, and medical service has been steadily progressive, and that the standard of care generally is very much higher than it was five years ago, when the State Commission in Lunacy was created.

These reports not only reflect the improvements which have been wrought at the Binghamton and Willard Hospitals, which formerly cared only for the so called "chronic pauper insane," and maintained a correspondingly low standard of care, and the progress of the Rochester State Hospital, which, prior to 1891, was a county asylum with meager facilities for the care and treatment of its inmates, but they substantially outline the present status and condition of all the eight State hospitals.

The superintendent of the Binghamton State Hospital, in his report for 1893, states as follows:

"Analysis of the table showing the causes of death, and comparison with similar tables for preceding years, afford extremely gratifying results. The reduction in the death rate is not only gratifying when computed on the number admitted, but is also highly satisfactory when based on the average daily population, for on this basis, during the past ten years, it has fallen from 11.73 per cent. in 1883 to 6.35 per cent. in 1893. The question naturally arises, To what is this remarkable improvement due? To you who have seen the institution grow from a poorly equipped, crudely furnished, poverty-stricken asylum for the chronic insane into the splendid hospital of to-day, supplied with modern sanitary appliances, provided with good food and raiment for its patients, diversified occupation and amuse-

ments to engage their hands and minds, and kind nurses to watch over them, the question needs no answer. Improved surroundings, humane care and treatment, freedom from mechanical restraint, and the largest personal liberty consistent with safety, are the agencies through which the change has been accomplished. *Up to the year 1890 it was with exceeding difficulty that the bare necessities of life could be procured for our patients, but when in that year the State Care Bill became a law this hospital, scarcely recognized by its sister institutions, was suddenly galvanized into life, and under the beneficent provisions of that act it received a new impetus which enabled it to rise rapidly to high rank in the State. Under the old law anything was good enough for the broken-down, chronic cases it sheltered; under the new law the arbitrary distinction between acute and chronic insanity was legally annihilated, and the doors of the hospital were opened to all for whom admission was sought from the eight counties constituting the district assigned as its bailiwick.\** Of this law the *American Journal of Insanity* for April, 1890, speaks in the following language: 'The State Care Bill, providing State care for all the dependent insane in the State of New York, became a law April 15, 1890. By signing this bill Governor Hill consummated one of the most signal triumphs ever achieved by humanity in the State of New York. All honor to those good men and women who have labored zealously day in and day out for the past three years to bring about this happy result. In the general rejoicing there will be no caviling as to who is entitled to the lion's share of the credit, though all must recognize the important part played in this great reform by the State Commission in Lunacy.' As was forecast by the *Journal's* prophetic utterance three years ago, hundreds of patients in this hospital are to-day living testimonials of the humanitarianism of this law."

The report of the trustees of this hospital for 1892 contains the following:

"Since the enactment of Chapter 126 of the Laws of 1890, popularly known as the State Care Act, the character of this institution has gradually undergone a change. The

\* In these quotations from the hospital reports the Italics are the writer's.



chronic asylum element has been steadily eliminated as the 'hospital idea' has gained stronger foothold. The wards have taken on a more cheerful aspect, and the patients have become more tractable under the humanizing influence of artistic furniture, pictures, rugs, carpets, curtains, and other draperies, all of which please the eye, cheer the mind, and tend to promote the recovery of the patient. Tablecloths have been introduced in all the dining rooms, and better tableware is generally in use. The steel ceilings provided for by the last Legislature have been erected to the extent of thirty-two thousand feet, and they not only beautify the wards but give assurance of safety against falling masses of plaster, and guarantee material protection against fire. . . . Large numbers of patients have found useful and beneficial occupation on the farm, and have exercised better self-control and enjoyed better health when thus employed than when idle." And again: "The State Commissioners in Lunacy have made frequent visits at the hospital during the year, and have made valuable suggestions regarding its management. It affords us pleasure to state that they have co-operated with the trustees and resident officers to the end that the institution might attain the highest degree of efficiency and that the patients should derive the greatest possible benefit."

In this same report the superintendent says: "Material progress has been made along the lines of hospital administration that now attract the greatest attention—viz., greater personal attention to the insane, more diversified occupation, and greater individual liberty." And again, in referring to the work of the State Commission in Lunacy, Superintendent Wagner says: "I should be derelict in my duty if I failed to make acknowledgment to the State Commission in Lunacy for advice and encouragement in carrying out the details of hospital organization and management. The recommendations of the commission during the past twelve months have been uniformly in the direction of a higher and better service in the hospitals of the State, and their interest has been keenly alive to all questions affecting the welfare of the patients, as has been evidenced by their frequent visits and inspections."

The superintendent of the St. Lawrence State Hospital, in his report for 1892, states as follows: "The service of the hospital is progressively improving, and particularly with respect to the immediate care of patients. Aside from the improvement resulting from experience in the care of the insane, the training of a fair proportion of our nurses and attendants systematically has had a marked influence upon the whole number by the example of their skilled service."

The report of the superintendent\* of the Willard State Hospital for the year 1892 states as follows: "A great deal of new furniture has been purchased and placed upon the wards, and a number of painters, carpenters, and plasterers have been kept busy repairing and beautifying various parts of the institution. The branch, or infirmary for women, has been renovated and decorated throughout, and it now presents a remarkably cheerful appearance. The lower floor of the main building, consisting of three wards each for men and women, is also in excellent condition. Among the articles of furniture purchased were five pianos, a music box, and a billiard table. Every building in which there are women has now a piano, while the woman's department in the main building has two." And again: "Up to a year ago the normal capacity of the institution was considered to be nineteen hundred and thirty-eight, and, as we then had an average of two thousand and fifty patients, more than a hundred were compelled to sleep upon the floor, or in cots placed nightly in the corridors and removed during the day. But, by building the additions for the new dining rooms and turning the abandoned ones into dormitories, by adding a bed here and there where space would permit, and by finding sleeping apartments off of the wards for several employees who had no ward duties to perform, the capacity has been gradually increased until now twenty-one hundred patients—a thousand men and eleven hundred women—can be comfortably cared for. And, paradoxical as it may seem, the capacity of the institution has been increased by one hundred and sixty-two beds, although not a single ward has been added to the hospital.

\* Dr. Charles W. Pilgrim, now superintendent of the Hudson River State Hospital.

This entire increase, which would have cost the State \$89,100 had a building been erected under the State Care Act at a per capita cost of \$550, has been brought about by an expenditure of about \$11,000 for new dining rooms, and about half of that sum for interior alterations." This report further states that: "The night service in the main building has been considerably increased during the past year. *Where there was formerly but one night attendant on each side of the house there are now six.* This change was found necessary on account of the increase in the number of suicidal and feeble and filthy cases, and also by the desire to put all epileptics under night care. In consequence of this improvement in the night service, chambers have been done away with to a very great extent. On the convalescent wards and on the wards where there is night service the room doors are left unlocked, thus giving the patients free access to the closets during the night. The advantage of discarding the objectionable and dangerous vessel is one which only a hospital physician can appreciate. . . . The proportion of night attendants to the average population is now one to sixty-six, whereas a year ago it was one to eighty-two. Fortunately, the time has passed when it was only thought necessary to keep the insane confined on the wards during the day and locked securely in their rooms at night. Among the many advances in asylum management during the past few years not the least has been the effort to make night care compare favorably with that of the day. . . . Upon the suggestion of Commissioner Brown, spray baths have been introduced in the infirmaries for both men and women. They have been found very satisfactory in every way, and far superior to the ordinary tub. By their use a great saving of water is effected, the bathing can be done in much less time, absolutely clean water for each patient is guaranteed, and, above all, the possibility of accident is entirely overcome. Many other improvements have taken place in regard to bathing, the most important being regular and systematic medical supervision. . . . The wards on the first floor on each side of the main building have been entirely renovated and refurnished, and they now compare favorably, in appearance and comfort, with the wards of any hospital in the State."



In the report of the Buffalo State Hospital for 1892 the managers state as follows: "The managers note with pleasure the efforts put forth to occupy and interest the patients. In every department employment is found for them—in the carpenter and paint shops, in the engine-house, in the bakery, in the kitchen, on the farm, at the barns, on the grounds, in the greenhouse, in the laundry, in the sewing room, and in the schoolroom. To this constant effort to find occupation for all who are able to do something we can but attribute much of the improvement and contentment of the inmates.

"It breaks up the monotony of institutional life, improves the health, occupies the mind to the exclusion of dwelling upon delusions, and distracts the attention of patients from their unhappy state. It also furnishes a vent for restlessness and much of the mischief idle hands find to do, not only among the inmates of asylums but in the outside world. *One is impressed by this in contrasting the wards of a hospital to-day with those of a few years since, when listlessness and idleness were the prevalent conditions of life in an asylum. The two important factors to which must be attributed in a large degree the improvement of our hospitals are occupation and night attendance. They have changed these institutions from the former bedlams to the modern hospitals for the insane.*"

And again: "The hospital buildings proper have not been neglected, but have received a due share of attention. The wards of the A buildings have been tastefully painted and decorated and are now more cheerful and homelike. New furniture has been supplied where needed, additional pictures placed on the walls, and carpets and rugs of our own manufacture on the floors. Attention has been given to the plumbing; vent pipes and traps have been put upon the fixtures, and in all of the A wards two new enameled tubs have been put in the bathrooms.

"One of the corridors connecting the new ward building with the center has been furnished with desks, and is utilized for the patient's school during the morning hours and in the afternoon for the attendants' training school.

"This is now a marked feature of the administration of the hospital, and from its early inception has received the

support of the board of managers. They are convinced, by the more intelligent care given to patients and by the success which has attended the nurses who have gone out from the school and entered upon private work, of the great value of this school to the hospital and community.

"We have thus hastily passed in review some of the more important changes and improvements which have been made in the hospital, on the grounds, and in the conduct of affairs during the year. We feel assured also that the moral and medical treatment of patients have received their full share of attention from the medical staff. They have been devoted to the duties respectively assigned to them and have labored successfully to elevate the general standard of care."

The medical superintendent of this hospital, in his report for the same year, states: "Under the new regulations regarding the commitment of the insane the number brought in restraint was still further diminished from preceding years. No restraint was used in the case of women patients, and only three men were brought in handcuffs and four in wristlets."

Under the head of occupation, Superintendent Andrews reports: "During the year we have increased the facilities for the employment of patients by fitting up a general workshop in which are now concentrated the industries of the hospital: as the tailor and shoe shop, the making of brooms and brushes, the picking of hair and manufacturing of mattresses, the reseating of chairs, and upholstering. . . . All of the clothing for patients is made in the institution, and at less prices than were paid to the prisons for inferior articles. The shoemaker, by the assistance of patients, makes all of the shoes and slippers used by the men and women patients at a reduced cost."

In another part of this report Dr. Andrews states: "*During the year we are able to report progress in the improved care given to patients. They have been better fed, better clothed, and made more comfortable and contented.* These results have been attained by the increased productiveness of the farm and garden, and by the manufacture of shoes and clothing to the measure of the individual patient, and by a more thorough individualization in treat-

ment. Employment adapted to the ability of the patient and night attendance upon a larger number of the wards have lessened the amount of sleeping remedies given and decreased the noise, violence, and destructiveness both by day and night.

"The change from the former condition is particularly noticeable on the disturbed wards, even to the casual observer, and much more so to those interested in the management. . . . The State Commissioners in Lunacy have made the visits required by law and inspected the conduct of the hospital in all of its departments. They also gave a hearing to all of the patients who desired it and made suggestions looking to the improvement of the service."

The superintendent of the Buffalo State Hospital, in his report for 1893, says: "There have been such changes in the treatment of insanity as have revolutionized our institutions and added immeasurably to the comfort of their inmates. These are epitomized in the change of designation, now so common, from asylum to hospital. All the institutions, by whatever name called, are conducted as places for the care and cure of the sick, rather than for mere retention of the insane.

"The improvement in construction consists in the erection of hospital and infirmary wards where the sick and helpless can receive the care demanded for their condition; the building of amusement halls, of chapels detached from the main structures, of work rooms for the employment of patients; of associate dormitories and dining rooms, of homes for convalescents; cottages for farm hands, colonies, and lastly, as comprehending these various structures, the cottage plan system. All of these changes from the former conventional plan of institutions indicate readiness to adopt such new ideas as give promise of better care of patients." And again: "The increase in the number of physicians and attendants employed in the care of patients, and the higher qualifications required by civil service examinations, and by the establishment of training schools in most of the State institutions are elements of progress of paramount importance in the conduct of asylums. . . . The extension of night service rendered possible by the erection of large associate dormitories, and by the increase in the



number and the better training of nurses, has had the effect to reduce suicides and escapes, to correct the personal habits of the insane, and to remove many of the unpleasant features in their care. The wider range of employment and occupation which is now granted and urged upon our patients is a most potent factor in their treatment. The systematic use of amusements and recreation and the greater liberty allowed to patients must not be overlooked in recounting the forward movement of practical progress. . . . This condensed summary of progress in the construction and administration of hospitals for the insane points to the fact that the real bases of improvement have been, in the main, in the direction of individualization of treatment and in the greater confidence in patients and liberty granted to them. The whole history of the cure of the insane is a striking commentary on the advance of the world in civilization and humanity. . . . We are glad to report an advance in this direction by the action taken by the Commission in Lunacy in the State of New York, who recently issued a circular authorizing the managers of State hospitals to permit the introduction of students under proper restrictions to the wards of the various institutions. This furnished an opportunity for all the colleges to give to their students long desired instruction upon this subject. Favorable action was taken by the managers of the Buffalo State Hospital, and during the winter months clinical instruction was given on the wards to the students of both of the medical colleges of the city. This is a step of progress which it gives me great pleasure to report."

The superintendent of the Utica State Hospital, in his report for 1892, in speaking of the new buildings erected under the State Care Act, says: "One can not commend too highly this new provision for the feeble, demented insane of the chronic class. Associated as they are in large, lofty, airy day rooms and dormitories, with structural arrangements and conveniences adapted to their helpless condition, it is now possible to care for them with a minimum of inconvenience and the maximum of efficiency. . . . The infirmary has a separate day and night service. The work of the day attendants is taken up by those of the night, and pursued with the same careful regard to conditions of

cleanliness, so that good habits have been created even in cases where the attempt at rescue from degradation seemed almost hopeless. As a concrete example of what has been done under the new *régime*, I may mention the striking fact that where formerly in the main building half of the number of women patients of the same class soiled as many as seventy-five sheets per night, the number reported in the new building for women has frequently been naught."

This same report under the head of occupation says: "At the risk of appearing a faddist on the subject of occupation, I venture to say that in no respect has the general weal of our patients been more manifestly promoted than by the increased avenues of employment that have been thrown open to them." This report concludes with the following striking paragraph:

*"We approach the new year with better facilities for the care of the insane than have ever before been ours. Ours will be the fault if we do not to the utmost avail ourselves of our opportunities to fulfill the promise and discover the potency of the epoch-making enactment of 1890."*

The report of the superintendent of this same hospital for 1893 says: "The general health of the house has been good, and one may in reason claim that, on the whole, our people have been comfortably housed, fed, nursed, and clothed. As regards creature comforts generally they have by no means fared ill."

And again, in referring to the improvements and betterments made to the buildings during the year: "All this new work of which you (the managers) make mention in your report will vastly add to our facilities for carrying out the objects of the institution and promoting its efficiency."

The managers of the St. Lawrence State Hospital in their report for 1893 state: "This hospital presents a history of steady and unchecked growth since its creation by statute, and the past year contrasts favorably with previous ones in this respect." The superintendent of this hospital, in his report for the same year, referring to the completion of a new group of buildings, says: "It stands now an ideal asylum building for the care of four hundred insane women

of the class not strictly requiring active hospital treatment or infirmary care. There can be no doubt that it will fulfill its purpose in an admirable manner."

The superintendent of the Hudson River State Hospital in his annual report for 1893, in reference to increasing the capacity of the building by utilizing the sitting rooms as dormitories, says: "The use of the three sitting rooms as dormitories has worked no hardship to the patients, as there is ample day space in the large corridors and double alcoves. In fact, the change has resulted in an improvement in the appearance of the corridors, for they have been made more cheerful by the addition of furniture and pictures. But the greatest advantage has been in the improvement in the night care of the helpless and filthy, which is made practicable by the fact that the new dormitories are in close proximity to the water section. The use of the objectionable chamber vessel is avoided and habits of cleanliness are cultivated by the regular and systematic attendance of the night nurses, which only such an arrangement can make possible. . . . *Thus without undue crowding the permanent capacity of the hospital has been increased by three hundred and two beds.* A building to accommodate a like number under the State care allowance would have cost the sum of \$166,000. The relief which was thus obtained was very great, and was appreciated by officers, nurses, and patients. . . . The pictures and furniture purchased during the past year have added greatly to the appearance of some of the wards; but we have only made a beginning and can not keep on without more funds." And again: "The several members of the State Commission in Lunacy have made frequent official visits during the past six months, and I am indebted to them for many practical suggestions in regard to the details of hospital management. Their visits and inspections are a spur to every medical officer and to the nurses as well. When it is remembered that they are constantly going from one hospital to another, gathering the best points in the management of each, it is evident that the recommendations which they make should tend to greater efficiency in the management of all."

The managers of the Hudson River State Hospital, in their report to the Legislature for 1893, state: "With the



additional beds that have been provided the capacity of the hospital is now 1,400—750 in the men's department and 650 in the department for women."

In view of the allegation recently made that the policy of the commission in lunacy has resulted in seriously overcrowding the Hudson River State Hospital, it is proper to state in connection with this subject that the present number of inmates of this hospital (February 1, 1894) is 710 men and 635 women, a total of 1,345 patients, or 55 less than the capacity of the hospital as certified to the commission by the managers.

The managers of the Rochester State Hospital, in their annual report to the State Commission in Lunacy for 1893, say: "The unsatisfactory condition of the buildings, noted in our first annual report, has been removed to a considerable extent, and it has been demonstrated that the thorough renovation recommended at that time can be carried out successfully and economically."

"In accordance with plans and specifications prepared by J. Foster Warner, architect, in conformity with the recommendations of the State Commission in Lunacy and Architect I. G. Perry, an administrative department and a new department for male patients have been constructed, within the amount appropriated therefor. *The crowding which we so strongly deprecated in former reports is thereby relieved and the comfort of the patients largely enhanced.*"

In this same report the superintendent of the hospital says: "Through the liberality of the State Legislature the managers of the Rochester State Hospital have been enabled to build and furnish, at a per capita cost of \$550, four large, well-lighted, cheerful wards, with dormitory and lavatory accommodations, and an administrative building, with comfortable apartments and convenient offices.

"A large embayed extension has been built in connection with wards four, six, and eight in the female department, which adds much to their attractiveness. Verandas, that command a wide and beautiful view, have also been added to these wards."

Surely there is nothing in the foregoing extracts from the reports of the State hospitals which would justify the

assertion recently made that these institutions "are rapidly deteriorating as curative institutions."

It has also recently been asserted that the State hospitals are being greatly overcrowded. It should be borne in mind in connection with this subject that there is scarcely a public hospital or asylum for the insane in this or in any other country whose annual reports do not from time to time teem with complaints of overcrowding, and whose superintendents do not frequently cry out for relief in this matter. Certainly this has been true of all hospitals and asylums in the State of New York for the past thirty years, until overcrowding came to be regarded as a normal condition. When the Lunacy Commission began its official work it found, in the Utica State Hospital, patients uncomfortably housed in an abandoned chapel, in the fourth story of the administration building, also in the barren attic of an outbuilding. At the Middletown State Hospital it found a considerable number of patients crowded into the attic of the administration building, while at the same time there were instances of private patients who were provided with a suite of rooms and two private attendants, each of whom occupied single rooms. In one of the buildings of the Binghamton State Hospital nearly a hundred patients of the most disturbed and violent class were crowded into a dark, dilapidated, and unwholesome basement, which, as regards noise and violence, was the nearest approach to the ideal "bedlam" that the writer has ever seen in this or in any other State or country. Suffice it to say that the use of these places as receptacles for insane patients has, in each instance, been abandoned, and their former occupants are now all comfortably housed in suitable and proper quarters. And this, notwithstanding the fact that, in obedience to the duty imposed upon it by the State Care Act, the commission has removed from the poorhouses, where they were in a condition of wretchedness, squalor, and neglect, in round numbers, two thousand patients, to the custody of the State, where they are now comfortably housed, fed, and clad, and provided with proper medical supervision and care, thus accomplishing, within a period of three years, the work that all efforts in that direction during the past thirty years

had failed to accomplish. The work of rapidly transferring to the care of the State this large number of insane poor necessarily involved some temporary embarrassment and discomfort to the State hospitals, but it is gratifying to say that, except in two or three instances, the officials of these hospitals have cheerfully co operated with the commission in carrying out this delicate and difficult duty, realizing that the discomfort was a necessary incident to the change of methods and that it would rapidly disappear when the transition state was passed.

Regarding the statement which has recently been put forth, that there is a growing sentiment averse to the Lunacy Commission, and that the whole procedure of the commission is tending to convert the State hospitals into immense pauper establishments ; that these institutions are rapidly deteriorating as curative establishments, owing to the lowering of the standard of care and overcrowding of them by the commission, the statement is not sustained by the facts. On the contrary, since its creation down to the present time, the commission has constantly had the confidence and support of the Chief Executive, of the State Comptroller, and substantially of all of the members of both Houses of the Legislature, regardless of party, while its work has been officially commended by most of the hospital managers and by a large majority of the medical officers of both the public and private institutions for the insane, as well as by the State Charities Aid Association, whose report on the dependent insane and the administration of the laws relating thereto, for 1893, contains the following: "It is, however, fully aware that good laws, badly administered, often fail of their purpose, and it is, therefore, with pleasure that we now place on record our belief that these laws have been ably and fearlessly administered by the State Commission in Lunacy."

By the act of 1893, which provides for the support of the dependent insane by the State, and which went into effect on October 1st last, the Legislature put upon the Commission in Lunacy the responsibility of a general supervision of the expenditures of the State hospitals. The law requires the hospital authorities to present to the commission each month an itemized estimate of expenses for

the coming month. These estimates the commission is required to scrutinize, and is empowered to revise, as in its judgment seems best, whether as regards quantities, qualities, or prices of supplies, the object of the law being to place upon some central and independent body the duty of regulating the expenditures of the large sums of money which, under the State Care Act, require to be annually appropriated by the Legislature for the care and treatment of the insane.

The commission, with a full sense of its duty to the welfare and comfort of the dependent insane on the one hand, and of its responsibility to the taxpayers on the other, entered upon the work of passing on the monthly estimates with the beginning of the fiscal year, October 1, 1893. This involved the originating and putting into practical operation of an entirely new financial system for the State hospitals, and was, of course, a radical departure from the old methods of expenditure and of accounts, the funds received by the State hospitals from counties, private patients, and from other sources having hitherto been expended by the superintendents of these institutions in their discretion, subject only to approval and audit by the local boards of managers.

Under the former system, which had been in operation for many years, many abuses naturally grew up, and it is a fact that in at least three of the hospitals great extravagances have existed. It should be said, however, that this statement would not apply to all of the State hospitals, as certain of them are believed to be very carefully conducted as regards their expenditures, as well as in the matter of discipline and the medical care and treatment of their inmates, so that any general or sweeping criticism unfavorable to the State hospitals as a whole would be manifestly unjust. The recent investigation of the management of the Hudson River State Hospital revealed, as the printed testimony shows, a most shocking state of affairs. The per capita cost of maintenance in that institution was shown to have been much higher than that of any other State hospital, while the rate of recovery and standard of care generally was far below that of the other hospitals. The institution was disorderly and demoralized, and great



extravagance and looseness in methods of expenditure and in the auditing of bills was found to exist. These facts were substantially admitted by several members of the board of managers, who professed ignorance of them on the ground of inattention on their part. It is proper to state that under the new superintendent this hospital is rapidly being brought up to a high standard of efficiency.

The commission, since October 1, 1893, when it began the work of supervising the expenditures of the State hospitals, has endeavored to curtail expenses by lopping off what it regarded as clearly improper and unnecessary items of expense, and also by disallowing certain other expenditures which, in its judgment, could not properly be charged to the maintenance fund. In numerous instances, however, the commission has increased the sum of the estimates by insisting on the purchase of a better quality of supplies than was called for by certain of the hospitals, notably in the matter of tea, coffee, flour, meats, stimulants, clothing, and blankets. In its efforts to reduce the financial system of these hospitals to a business basis and put a proper check upon expenditures, it was inevitable that the commission should encounter criticism and even hostility on the part of those whose pet methods it had interfered with, not to speak of the ill-will of certain local tradesmen whose profits were doubtless largely diminished. It would also be surprising if, in establishing a financial system of such vast magnitude and immense detail, and involving such widespread interests, the commission should not have made mistakes in minor matters and should have succeeded in completely avoiding friction with hospital authorities, especially in the organizing stage of the new system. The superintendent of the Utica State Hospital, in his report already referred to, says: "The transition from the old order of things to the new will not be accomplished without friction. Soon, however, the machinery must adjust itself to the new requirements. And surely one may safely leave the future to take care of itself, if, in meeting the new problems that will arise, we pause to ask ourselves the simple question whether the end we have in view is the application to our everyday work among, and in behalf of, the insane of the humane principle that under-

lies the State Care Act, and which alone made its passage possible."

It should be borne in mind that the commission does not originate the estimates, but simply revises and approves them, and that superintendents are free to insert in their estimates any proper item of expenditure. Neither does the commission disburse the funds for these expenditures, as has been alleged, nor does it direct where these expenditures shall be made. It has, however, endeavored to enforce the policy of having staple articles of food supply for the hospitals, such as flour, sugar, tea, coffee, coal, etc., purchased in bulk for all the hospitals and at wholesale rates, the purchases being negotiated for by a committee of the superintendents themselves, and in this it believes it will be sustained by the business sense of the community and by the medical profession as well. Nor is the commission interested in securing the trade of these hospitals to any particular dealers or class, and any statements to the contrary are absolutely and unqualifiedly false. Furthermore, the writer unhesitatingly asserts that the true explanation of the animus toward the commission which is now being manifested by two or three of the hospital superintendents and their managers is to be found in the fact that the new system of supervision of expenditures by an independent body deters these superintendents from inserting in their estimates items for the purchase of grossly improper and extravagant articles for their own personal use, purchases which, under the former system, they have been free to make without let or hindrance.

Vouchers of at least three of these hospitals on file in the State Comptroller's office show a most lavish expenditure for themselves and the entertainment of managers and friends, while at the same time supplying patients with a low grade of food supplies, including the quality of beef known as "chucks" and "necks" at four cents a pound, fish at two cents and a half to three cents a pound, also inferior, adulterated foods, especially tea and coffee.

The commissioners realize that the people of the State are abundantly able and willing to provide everything that is essential for the proper care and treatment of its dependent insane, and they have determined that these unfortu-

nates shall not be denied any of these essentials ; but they would be recreant to their trust and to their oath of office if they failed to promptly check to the full extent of their powers any tendency which they may discover in the direction of extravagance, improper expenditure, or misapplication of the public funds.

In concluding this branch of the subject it may be said that a careful estimate of the expenditures of the State hospitals under the new system, including everything that is proper and necessary to be supplied out of the public funds, will show that a large annual saving to the taxpayers of the State, aggregating at least \$250,000, will undoubtedly be effected.

Respecting the allegation which has recently been put forth that the commission has prohibited the use of tobacco in the State hospitals, it may be said : The commission has made no order forbidding the use of tobacco in these institutions. It has simply disallowed the items for that article in the hospital estimates. So far as action by the commission is concerned, the inmates of the State hospitals are not prohibited from using tobacco, except at the expense of the State. It is a fact that a large proportion of these patients obtain tobacco from their friends, from employees, and from visitors. In fact, it is practically impossible to abolish the use of tobacco absolutely in hospitals for the insane. The action of the commission has merely tended to minimize the abuse of tobacco chewing in State hospitals, which was a very serious one, as many patients without sufficient mentality to exercise a rational judgment in the use of tobacco have simply saturated themselves with it, and cases of tobacco poisoning are not infrequent. Repeated instances have occurred of patients drinking the tobacco expectoration from the cuspidors and extracting the quids of tobacco from these receptacles and chewing the same. Furthermore, observation has shown that many patients have acquired the tobacco-chewing habit after admission to the hospital, and certainly it is a serious reflection upon the management of a hospital for the insane to have patients acquire a habit of this kind while in their custody and care. Instances of young adults who have become addicted to tobacco chewing after coming to the hospitals are very com-

mon, and the proportion of tobacco chewers to the population in asylums is very greatly in excess of that in the sane population outside, so far as it can be approximately determined. Moreover, experience has shown that wherever the practice of issuing tobacco to patients in hospitals for the insane has been discontinued, it has been attended with most satisfactory results, as attested by the testimony of Dr. Cronyn, president of the Board of Managers of the Buffalo State Hospital, who abolished the use of tobacco in an asylum for the insane of which he was formerly superintendent; of Dr. A. E. Macdonald, the general superintendent of the New York city asylums for the insane, in which the use of tobacco was abolished in 1874 and has never been renewed; and of the writer, when superintendent of the Auburn State Asylum, in which the practice of furnishing tobacco was abolished in 1880.

It would be easy to show that the unrestricted use of tobacco, which has heretofore obtained in several of the State hospitals, has resulted in marked demoralization and filth in the wards, and in numerous cases has directly aggravated mental conditions, especially those of an irritable form, tobacco being a direct irritant to the heart.

Regarding the use of tobacco in the New York city asylums for the insane, Dr. A. E. Macdonald, in a letter under date of November 6, 1893, says: "In answer to the inquiry of your commission regarding the use of tobacco in the city asylums, I beg to say that such use was discontinued shortly after my appointment to the City Asylum, Ward's Island, in the fall of 1874. I found, upon assuming duty there, that tobacco was issued indiscriminately by the warden, matron, and other lay officers, without any reference to the physicians; that its use was either for the purpose of securing special work or in order to pacify patients who threatened disturbance or violence unless tobacco was given to them.

"Much turbulence and quarreling among the patients was caused by this distribution—stronger patients forcing weaker to give them their share of the distribution—and in some instances serious trouble was caused by tobacco poisoning through the swallowing of the tobacco by demented patients; at the same time the effect upon the



discipline and cleanliness of the asylum was markedly unfavorable.

"The abandonment of the use of tobacco has not resulted unfavorably in my experience; on the contrary, there has been a decided improvement in the condition of the patients and of the buildings.

"I do not think that the deprivation of tobacco causes any greater distress to individual patients than the deprivation of liquor or other indulgences to which they have been accustomed, and I see no good reason for its general use or distribution.

"If tobacco is to be used at all in asylums, I should favor its use only by convalescent or chronic cases, who might be rewarded for work by being permitted to smoke in places and at times specially designated for the purpose. I should not advocate its being issued indiscriminately or for use otherwise."

Dr. H. G. Matzinger, of the Buffalo State Hospital, writes as follows regarding the use of tobacco in that institution: "During your last visit here you requested me to write you my experience with the use of tobacco among insane patients, and my opinion of the effect of its discontinuance.

"In nine cases out of ten the chewing habit led to uncleanliness of greater or less degree, according to the personal habits of the patient. His face and clothing always bore ample evidence of its use, often to a nauseating degree, and his idle hours were spent in filling spittoons, from which it was not uncommon to see other patients take the quids and chew them.

"In many cases the habit of chewing was acquired by begging a sufficient quantity, and so the demand grew, and the friends were importuned to bring it, if refused by the physician. When it was the custom to reward some patients for work or to induce them to work by offering tobacco, others soon discovered the fact and frequently objected to doing anything unless they received their share, even though they never used it. It was then traded for other things with other patients, or workmen on the grounds.

"In two cases which I recall now a serious form of tobacco poisoning occurred. One, a negro, employed in the

engine room, has had several periods of quite prolonged illness following the immoderate use of chewing tobacco. He exercises no discretion whatever in its use, has periods of irritability when it is difficult to keep him continuously at work, and at such times he was given a larger supply by the fireman in order that he might not be short of help.

"The other, a mild dement, was issued his ordinary supply at the end of the week and apparently devoured all of it within a few hours afterward. He was brought to the ward and soon passed into a condition approaching collapse. He was cold, pale, tremulous, and almost pulseless. On inquiry, it was found that he had been eating a large amount of tobacco. He was given a dose of oil and soon passed a black mass of macerated leaves, filling half the vessel. After this the patient gradually recovered his ordinary condition.

"It was quite a common occurrence to have patients suffer from indigestion and headache, due directly to the use of tobacco in quantities to which they were not accustomed.

"On the whole, I do not recall that smoking caused any trouble. It was always done under supervision, and was not allowed on any part of the grounds or in the buildings except in the smoking room of the cottage. It proved a great source of comfort to many aged people and patients who had been accustomed to it for many years.

"When the order of the superintendent to discontinue the use of tobacco, which resulted from an informal discussion of the subject between yourself and the medical officers of the hospital on the occasion of your last official visit, was first put into force, there was considerable objection for a few days, but since then we have experienced no trouble of any kind. Patients are as industrious as before, and no deleterious result has been observed.

"All inquiries on the part of patients and their friends in relation to the use of tobacco are met satisfactorily and finally by the statement that it is not allowed. The interdiction of the general use of tobacco in this hospital has, far from causing annoying unpleasantness, been most gratifying, removing a great source of personal uncleanness, of dissatisfaction, and of possible injury to health."

Having thus outlined the principal points which have presented themselves in relation to the practical workings of recent legislation for the insane in the State of New York, and having cited from official reports of the hospital managers and superintendents ample proofs of the main position herein taken, namely, that the present laws respecting the insane, as administered, have resulted in marked improvement in the condition, equipment, and management of the hospitals, and in the general well-being of their inmates, while at the same time effecting important economies in expenditure of the State's money, the writer feels that the commissioners in lunacy may justly maintain that, in their administration of these laws, they have been actuated solely by a desire to promote the welfare and comfort of the State's insane, and, as one of the most efficient means to this end, they have steadily aimed, both individually and collectively, to have the best features in each hospital's work adopted by all the others.

In conclusion, it is gratifying to be able to state that, in its efforts in this direction, the commission has had the cordial co-operation of a large majority of the superintendents and medical officers generally, to whom much credit is due for the measure of success that has been attained.

